

ACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. If any be properly classified, it be obtained insert the word "unknown." Make every effort to be returned for correction. AGE should be stated. If any be properly classified, it be obtained insert the word "unknown." Make every effort to be returned for correction.

PLACE OF DEATH
 County of Greenlee
 District of _____
 Town of Mitchell
 or _____
 City of _____
 (If death occurs away from USUAL (No. _____ St. _____ Ward.) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)
 RESIDENCE, give facts called for under "Special information."
FULL NAME Melecia Acosta

| PERSONAL AND STATISTICAL PARTICULARS | | | |
|--|----------------------------|---------|---------|
| LENGTH OF RESIDENCE | | | |
| At Place of Death | | 8 yrs | mos. |
| In Arizona | | 12 yrs | mos. |
| SEX | COLOR OR RACE | White | Chinese |
| <u>Female</u> | | Black | Indian |
| | | Mexican | |
| | | | |
| DATE OF BIRTH | April | 4 | 1899 |
| | (month) | (day) | (year) |
| AGE | 13 years 11 months 15 days | | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED | <u>Single</u> | | |
| BIRTHPLACE | <u>Mexico</u> | | |
| (State or foreign country) | | | |
| OCCUPATION | <u>Pupil</u> | | |
| NAME OF FATHER | <u>Carmen Acosta</u> | | |
| BIRTHPLACE OF FATHER | <u>Mexico</u> | | |
| (State or foreign country) | | | |
| MAIDEN NAME OF MOTHER | <u>Leonora Salazar</u> | | |
| BIRTHPLACE OF MOTHER | <u>Mexico</u> | | |
| (State or foreign country) | | | |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. | | | |
| Informant) _____ | | | |
| (Address) _____ | | | |

Arizona Territorial Board of Health
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF DEATH

709
 Ter. Index No. 111
 County Registered No. 111

MEDICAL CERTIFICATE OF DEATH
 DATE OF DEATH March 19 1912
 (month) (day) (year)
 I hereby certify, That I attended deceased from March 18 1912 to March 19 1912
 that I last saw her alive on March 19 1912
 and that death occurred on the date stated above at 11:50 P.M.
 The DISEASE or INJURY causing DEATH was as follows:
Cerebro-spinal meningitis
 Where contracted Orizaba Duration 3 days
 Contributing cause (if any) _____
 Where contracted _____ Duration _____
 (Signed) E. J. Roman M.D.
3/20/12 Address Orizaba
SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
 Former or Usual residence _____ How long at _____ Place of Death _____ Days _____
 Place of burial or removal Mitchell Date of burial or removal 3/20/12
 Undertaker None Address _____
 Filed 3/20 1912 W. B. Baw
 Filed 4/6 1912 L. W. Butcher